

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Mission, Kansas on 02/25/19, 02/26/19, 02/27/19, 02/28/19, 3/04/19, 3/05/19, and 3/06/19.	S 000		
S3028 SS=F	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(A)(B)(C)(D)(E)(F) The census equalled 45 the sample included three Residents. Based on observation, interviews and reviews of records, for three of three sampled (#185, #187, and #189), the Operator failed to ensure allegations of potential abuse, neglect and exploitation were reported to the Department within 24 hours, thoroughly investigated to rule out abuse or neglect and written records of each investigation maintained. Findings Included: - Review of record revealed #185 admitted to facility 11/11/16 with diagnoses of diabetes, hypertension, atrial fibrillation, sepsis, arteriosclerotic heart disease, history of falls, muscle weakness, osteomyelitis, dysphagia, and Parkinson's. Current functional capacity screen dated 8/07/18 assessed #185 with need of physical assistance for bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management, with memory recall impairment, falls/unsteadiness, used a wheelchair and mechanical sit to stand lift. The current negotiated service agreement (NSA) of 8/07/18 documented assistance with dressing, undressing, toileting, and getting into wheelchair, use of Sit to Stand lift for transfers, frequent night checks. Progress Notes of Medical Record: 10/27/18 - 2200 - Resident on floor in room... laying on left side beside bed... had fallen out of	S3028		

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S3028	Continued From page 2 wheelchair onto floor... stated was trying to get into bed... range of motion checked... skin tears to upper arm and elbow... abrasion to knees and forehead... 12/13/18 - 5:00pm - found on floor in room... stated was trying to get out of bed... no injuries noted... no complaint of pain, assisted up into wheelchair... advised to pull call cord for help... 02/20/19 - 1935 - observed on the floor next to bed... has bruising on both hands and right knee... complained of no pain at this time... On 02/27/19 at 10:15am, Resident Needs Coordinator #A confirmed no additional information available for the above incidents, no further investigations completed to rule out abuse or neglect, and no reports made to the Department... confirmed incident reports and any further investigations not documented in the medical record... not familiar with reporting requirements... For resident #185, the Operator failed to investigate and report potential allegations of abuse or neglect related to unwitnessed falls or injuries by a cognitively impaired Resident, assessed as requiring physical assistance with activities of daily living. - Review of record revealed #187 admitted to facility 9/10/18 with diagnoses of heart failure, benign prostatic hypertrophy, high cholesterol, nerve pain, and shortness of breath. Current functional capacity screen (FCS) in medical record dated 9/20/18 assessed #187 independent with bathing, dressing, toileting, transfers, mobility, eating; with short term memory, long term memory, and decision making	S3028		

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S3028	Continued From page 3 impairments; unable to perform medication and treatment management, with falls/unsteadiness, used a walker. An additional FCS printed from computer, dated 02/08/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; with short term memory, long term memory, and decision making impairments; incontinent of bladder, unable to perform medication and treatment management; with falls/unsteadiness, used a walker. The medical record contained two negotiated service agreements/health service plans (NSA/HSP's). NSA/HSP dated 9/10/18 documented #187 generally independent with bathing, dressing... may need staff assistance due to shortness of breath; independent toileting and mobility to dining room (may need wheelchair if short of breath), used Oxygen, and nightly checks one time a night. NSA/HSP dated 9/25/18 documented staff to remind for meals, put water in Cpap (continuous positive air pressure) every night, independent with bathing, dressing, toileting, mobility with walker, used Oxygen, staff to administer medications. NSA/HSP dated 02/08/19 in computer, printed on 02/27/19, documented #187 to have verbal reminders and assistance to meals, assistance with getting dressed by two persons due to mobility and behaviors, assistance dressing for bed and getting into bed, assistance with incontinent care and bathing, transfers to and from wheelchair and recliner, nightly checks one time at night, receiving Hospice services and used Oxygen, staff to administer medications.	S3028		

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S3028	Continued From page 4 Progress Notes of Medical Record: 9/10/18 - admitted from hospital... recently had fall at home and incurred laceration to the head... has been declining in ability to care for self... O2 on at all times... will need some assistance with cares and getting to meals and activities... staples in place on posterior scalp... On floor 10/14/18 at 1635; 11/13/18 at 1440; 12/20/18 at 0055; 01/02/19 at 10:00am - in each instance denied pain and stated activity that led to being on floor (was putting meal tray in kitchen and fell...) 01/05/19 - 0600 - in the bathroom on the floor... state he/she hit head... bruising to forearm... complained of back pain... sent to hospital for evaluation... 01/21/19 - 1700 - returned from hospital... fell at approximately 3:20pm... found sitting on floor in front of chair in bedroom... says he/she slid down front of chair... advised staff to do two hour checks... On floor 01/26/19 at 8:45am; 02/01/19 at 11:00am; 02/03/19 at 8:30pm; in each instance no complaint of pain or injuries... minimal explanations (such as "I just got here") 02/06/19 - 10:30pm - found on floor by bed laying on back... gash to back of head... said was trying to go to bathroom... sent to hospital for evaluation... discussion with family member about behaviors and need for increased care... decided to try new physician and have Hospice evaluate... 02/08/19 - 1530 - re-admitted to facility... staples intact/scalp laceration, Oxygen continues... 02/08/19 - 2240 - on floor sitting with back against foot of bed... stated was walking to bathroom and lost balance... re-oriented to call light and to wait for assistance... no injuries... 02/17/19 - 0230 - on floor on right side next to bed... head on pillow but couldn't tell how he/she	S3028		

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S3028	Continued From page 5 fell... range of motion checked and denied hitting head... no pain or difficulty... 02/21/19 - staples removed from head... On 02/27/19 at 3:13pm Resident Needs Coordinator #A confirmed memory and decision making impairments, no fall prevention plan in writing... we don't know if falls are mechanical or behaviors... confirmed no additional information for these incidents, no further investigations completed to rule out abuse or neglect, and no reports made to the Department... For Resident #187, the Operator failed to investigate and report potential allegations of abuse or neglect related to unwitnessed falls or injuries by a cognitively impaired Resident, identified with repeat falls and head injuries, and assessed as experiencing a decline in physical ability, requiring physical assistance with activities of daily living. - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis, and carotid artery disease. Current 11/30/18 functional capacity screen (FCS) assessed #189 in need of supervision with bathing and dressing, independent with toileting, transfers, mobility, eating; in need of physical assistance with medication and treatment management; with memory recall and decision making impairments. The FCS failed to identify unsteadiness/fall risk associated with recent occurrences at home. Note: the functional capacity screen was not updated following the significant change in condition.	S3028		

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S3028	Continued From page 6 The medical record contained two negotiated service agreements/health service plans NSA/HSP. NSA/HSP dated 12/07/18 documented #189 independent with dressing self, getting ready for bed, toileting, bathing, and mobility; #189 and family will assist in making sure medications taken daily, they will set up pill reminder and call daily to assure meds taken; will need assistance remembering non routine events and tasks, good at remembering daily routine. Progress Notes of Medical Record: 12/05/18 - 2245 - arrived via car at 1250... alert and oriented... is self medicated... complained of low back pain "lifting boxes while moving" and stated was taking over the counter pain medication... gait steady, will monitor for increased back pain... On floor 12/11/18 at 07:30 and on 12/12/18 at 10:30pm; in each instance stated going to bathroom... no obvious injuries, complaints of back pain... "will notify staff to assist to toilet and check every two hours... advised Resident to use walker when up and around..." 12/13/18 - 1300 - initial history and physical done with physician... new orders for back X-ray, labs, urinalysis, pain medication, nausea... 12/14/18 - 0300 - Resident had a fall in room at 0150... complained of back pain... 911 called for ambulance to transport to emergency room... 12/14/18 - 0930 - called family for update... states fractures of back are new and also fractured ankle... admitting to hospital... NSA/HSP dated 01/10/19 documented staff will remind and assist to meals, staff assist with dressing and selection of clothes, assist getting	S3028		

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S3028	Continued From page 7 ready in the morning... has cast on right leg and is not to bear weight on it... assist getting ready for bed and to bathroom, assist with bathing, hygiene and grooming... escort to meals in wheelchair... transfer from chair to commode with one person... "is not requesting any night checks at this time and will be made aware of location of call lights for safety"... Out Patient Therapy will evaluate and treat as ordered... Hospice to evaluate and treat per order... staff will administer medications as ordered... remind of daily routine, provide support and reassurance as needed for memory loss... orient to call lights, staff address safety concerns as needed... NSA/HSP not signed by Resident or representative. 01/16/19 - 1100 - back from rehabilitation facility... disheveled and fretful... needing constant reassurance... sign posted to use call light... has minimal to no short term memory... right leg cast, is in wheelchair... complained of severe pain in back, orders received... 01/16/19 - 1300 - after lunch put in recliner and re-oriented to call light... upon observation short time later walking across room to get something... brought Resident down to common area to monitor for safety... spoke with Hospice who came to assess for possible admit 01/17/19 - 1030 - rounds with physician and Hospice... new orders for pain medications... Next entry 01/24/19 - 1645 - rounds with Hospice... new orders for pain medication... will continue to monitor... Next entry 02/12/19 - 11:15 - noted large bruise right elbow... does not know how it happened... Next entry 02/15/19 - 1730 - family notified staff at 4:00pm found #189 sitting on floor in room with wheelchair tipped over around 3:10pm... said he/she helped #189 into bed... no injuries noted at 4:00pm... staff continuing to do two hour	S3028		

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S3028	Continued From page 8 checks... 02/16/19 - 1500 - family reports finding #189 laying on floor in front of recliner with wheelchair next to him/her... denies pain, no injury noted... 02/17/19 - 1330 - not eating well, increased confusion, incontinence of bladder today... notified Hospice of status change... 02/18/19 - 10:30 - observed on floor in front of recliner by family, reported to staff... 10:35 - on right side... denies new pain... denies injury... no injury noted, assisted to recliner by family member... 10:40 and 10:45 - transferred by licensed nurses and toileted... transferred to bed... spoke with Hospice about safety concerns, will increase Hospice visits to three times weekly to help support a more safe environment by providing extra staff to help meet #189's needs... 02/25/19 - 0730 - observed on floor in front of recliner laying on back... denies injury or pain no injury noted... transferred to wheelchair with assist of two then to bed... 02/25/19 - 1330 - observed on floor beside recliner... denies injury, no injury noted... agrees to attending activity on first floor... 02/25/19 - 1600 - family in... makes changes to arrangement of television to help with entertainment in room... On 02/27/19 at 12:54pm, during interview with Resident Needs Coordinator #A, walkie talkie call for staff to #189's room. Observed #189 on floor in room... meal tray cart still covered in plastic. Family member arrived at same time due to scheduled transfer to physician appointment. #189 not able to state clearly why on floor... staff asked if hurt and if he/she could move limbs, then assisted into wheelchair for trip to appointment. The NSA/HSP's lacked interventions to address Resident's repetitive, unwitnessed falls.	S3028		

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S3028	Continued From page 9 On 02/27/19 at 2:14pm Resident Needs Coordinator #A confirmed #189 cognitively and physically declined from time of admission... no further documentation of these incidents to include investigations to rule out abuse or neglect, and no reporting to Department. For Resident #185, the Operator failed to investigate and report potential allegations of abuse or neglect related to unwitnessed falls or injuries by a cognitively impaired Resident, assessed as requiring physical assistance with activities of daily living.	S3028		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident 's functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The census equalled 45 the sample included three Residents. Based on interviews, and reviews of records, for one of three sampled (#189), the Operator failed to ensure designated staff conducted a screening to determine	S3081		

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S3081	Continued From page 10 Resident's functional capacity following significant change in condition upon return to the facility following hospitalization for back and ankle fractures. Findings included: - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis, and carotid artery disease. Current 11/30/18 functional capacity screen (FCS) in medical record assessed #189 in need of supervision with bathing and dressing, independent with toileting, transfers, mobility; in need of physical assistance with medication and treatment management; with impaired decision making. Medical record progress notes described multiple falls in Resident's room, and a hospitalization/rehab stay from 12/14/18 to 01/16/19. The diagnosis for hospitalization documented as fractures of lumbar spine and fracture of ankle. #189 returned to facility with a cast on right leg and physician orders for no weight bearing on right leg. The medical record contained a negotiated service agreement dated 01/10/19. This NSA documented physical assistance by staff for bathing, dressing, toileting, transfers, mobility, medications, and treatments. The medical record lacked a revised FCS to reflect the Resident's current functional status. By observation on 02/26/19 at 9:55am in	S3081		

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S3081	Continued From page 11 Resident's room, #189 on bed with head of bed elevated. Breakfast tray on bedside table with uneaten eggs, dry toast on top of eggs, unopened butter pat on tray, and plastic wrap still secured in place over coffee cup and orange juice glass, no milk although NSA specified milk with every meal. Stated he/she not able to get out of bed due to back pain. On 02/27/19 at 2:14pm Resident Needs Coordinator #A confirmed this assessment no longer accurate for #189... confirmed #189 now in need of complete physical assistance... confirmed no significant change FCS completed. The Operator failed to ensure designated staff conducted a screening to determine #189's functional capacity following any significant change in condition.	S3081		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equalled 45 the sample included three Residents. Based on reviews of records and interviews, for three of three sampled (#185, #187, and #189), the Operator failed to ensure	S3101		

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S3101	Continued From page 12 each individual involved in the development of the negotiated service agreement/health service plan (NSA/HSP) signed the agreement. Findings included: - Review of record revealed #185 admitted to facility 11/11/16 with diagnoses of diabetes, hypertension, atrial fibrillation, sepsis, arteriosclerotic heart disease, history of falls, muscle weakness, osteomyelitis, dysphagia, and Parkinson's. Current functional capacity screen dated 8/07/18 assessed #185 with need of physical assistance for bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management, with memory recall impairment, falls/unsteadiness, used a wheelchair and mechanical sit to stand lift. The current negotiated service agreement (NSA) of 8/07/18 documented services to address these identified needs provided by facility. The NSA signed by Operator (Director/licensed practical nurse) #P and previous facility nurse #R. The NSA lacked the signature of the Resident or the Resident's representative. - Review of record revealed #187 admitted to facility 9/10/18 with diagnoses of heart failure, benign prostatic hypertrophy, high cholesterol, nerve pain, and shortness of breath. Current functional capacity screen (FCS) in medical record dated 9/20/18 assessed #187 independent with bathing, dressing, toileting, transfers, mobility, eating; with cognitive	S3101		

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S3101	Continued From page 13 impairments; unable to perform medication and treatment management, with falls/unsteadiness, used a walker. An additional FCS printed from computer, dated 02/08/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; with cognitive impairments; unable to perform medication and treatment management; used a walker. The medical record contained two negotiated service agreements (NSA's). Each documented services to address identified needs provided by facility. NSA dated 9/10/18 signed by Operator (Director/licensed practical nurse) #P and previous facility nurse #R. NSA dated 9/25/18 signed by previous facility nurse #R and Resident's family member. An additional NSA printed from computer on 02/27/19, dated 02/08/19, lacked any signatures. Resident Needs Coordinator (RNC) #A signed the NSA after printing, and dated the signature 02/08/19. - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis, and carotid artery disease. Current functional capacity screen (FCS) in medical record assessed #189 in need of supervision with bathing and dressing, independent with toileting, transfers, mobility; in need of physical assistance with medication and treatment management, with impaired decision making.	S3101		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
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S3101	Continued From page 14 On 02/27/19 at 2:14pm Resident Needs Coordinator #A confirmed this assessment no longer accurate for #189... confirmed #189 now in need of complete physical assistance... confirmed no significant change FCS completed. The medical record contained two negotiated service agreements (NSA). Each documented services to address identified needs provided by facility. NSA dated 12/07/18 not signed by anyone. NSA dated 01/10/19 signed by Resident Needs Coordinator #A, no other signatures on the NSA. On 02/27/19 at 10:15am Resident Needs Coordinator #A stated I generally meet with them... type it (NSA) up after the meeting... let them know to stop and sign it... sometimes give them a copy if they want one... no documentation of attempts to get signatures on the NSA's... family usually here frequently... The Operator failed to ensure each individual involved in the development of the NSA/HSP for #185, #187, and #189 signed the agreement.	S3101		
S3155 SS=H	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3155	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The census equalled 45. The sample included three Residents. The Resident Roster identified six Residents with falls and three of these reviewed. Based on interviews and record reviews, for three of thee sampled with falls in the last 180 days (#189, #187, and #185), the Operator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address the health care needs of cognitively impaired Residents with identified unsteadiness/fall risks, histories of falls, and repeat occurrences, some with injuries. #189 experienced falls at home including the day before admission, three falls in the first week of admission with ankle and spine fractures identified, and continued falls upon returning to facility after rehabilitation in the absence of revised care interventions to address falls #187 admitted with stitches to head from a fall at home, experienced five falls in four months in facility, the fifth resulting in head injury and transport to the hospital; upon return was "on floor" five times in a 16 day period experiencing a gash to the head on the fifth occurrence with transport to hospital; upon return was on floor two times in 10 days in the absence of revised care interventions to address falls #185 identified with falls/unsteadiness, has experienced three falls in four months in the absence of revised care interventions to address falls. Findings included:	S3155		

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S3155	Continued From page 16 - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis, and carotid artery disease. Current 11/30/18 functional capacity screen (FCS) assessed #189 in need of supervision with bathing and dressing, independent with toileting, transfers, mobility, eating; in need of physical assistance with medication and treatment management; with memory recall and decision making impairments. The FCS failed to identify unsteadiness/fall risk associated with recent occurrences at home. Note: the functional capacity screen was not updated following the significant change in condition. The medical record contained two negotiated service agreements/health service plans NSA/HSP. NSA/HSP dated 12/07/18 documented #189 independent with dressing self, getting ready for bed, toileting, bathing, and mobility; #189 and family will assist in making sure medications taken daily, they will set up pill reminder and call daily to assure meds taken; will need assistance remembering non routine events and tasks, good at remembering daily routine. Progress Notes of Medical Record: 12/05/18 - 2245 - arrived via car at 1250... alert and oriented... is self medicated... complained of low back pain "lifting boxes while moving" and stated was taking over the counter pain medication... gait steady, will monitor for increased back pain... 12/11/18 - 10:30 - at 07:30 was observed on floor	S3155		

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S3155	Continued From page 17 of room on left side... stated I got up to go to bathroom and just fell... denied hitting head, complained back was hurting... assisted to feet and to bathroom... Tylenol was administered which helped, no visible injuries... 12/11/18 - 1045 - discussed with family facility to administer medications and monitor for additional care needs, due to earlier fall will increase night and AM checks... continue to orient to room and order PT (physical therapy) evaluation for safety, and possible need for walker vs cane... 12/12/18 - 10:30pm - found on floor in bedroom by bed... complained of pain in lower back area... assist Resident up and assisted to toilet... he/she said was trying to go to the toilet... range of motion within normal limits... said didn't hit head just fell on bottom... Tylenol given for back pain... will notify staff to assist to toilet and check every two hours... advised Resident to use walker when up and around 12/13/18 - 1300 - initial history and physical done with physician... new orders for back X-ray, labs, urinalysis, pain medication, nausea... 12/14/18 - 0300 - Resident had a fall in room at 0150... complained of back pain... 911 called for ambulance to transport to emergency room... 12/14/18 - 0930 - called family for update... states fractures of back are new and also fractured ankle... admitting to hospital... NSA/HSP dated 01/10/19 documented staff will remind and assist to meals, staff assist with dressing and selection of clothes, assist getting ready in the morning... has cast on right leg and is not to bear weight on it... assist getting ready for bed and to bathroom, assist with bathing, hygiene and grooming... escort to meals in wheelchair... transfer from chair to commode with one person... "is not requesting any night checks at this time and will be made aware of location of	S3155		

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S3155	Continued From page 18 call lights for safety"... Out Patient Therapy will evaluate and treat as ordered... Hospice to evaluate and treat per order... staff will administer medications as ordered...remind of daily routine, provide support and reassurance as needed for memory loss... orient to call lights, staff address safety concerns as needed... NSA/HSP not signed by Resident or representative. 01/16/19 - 1100 - back from rehabilitation facility... disheveled and fretful... needing constant reassurance... sign posted to use call light... has minimal to no short term memory... right leg cast, is in wheelchair... complained of severe pain in back, orders received... 01/16/19 - 1300 - after lunch put in recliner and re-oriented to call light... upon observation short time later walking across room to get something... brought Resident down to common area to monitor for safety... spoke with Hospice who came to assess for possible admit 01/17/19 - 1030 - rounds with physician and Hospice... new orders for pain medications... Next entry 01/24/19 - 1645 - rounds with Hospice... new orders for pain medication... will continue to monitor... Next entry 02/12/19 - 11:15 - noted large bruise right elbow... does not know how it happened... Next entry 02/15/19 - 1730 - family notified staff at 4:00pm found #189 sitting on floor in room with wheelchair tipped over around 3:10pm... said he/she helped #189 into bed... no injuries noted at 4:00pm... staff continuing to do two hour checks... 02/16/19 - 1500 - family reports finding #189 laying on floor in front of recliner with wheelchair next to him/her... denies pain, no injury noted... 02/17/19 - 1330 - not eating well, increased confusion, incontinence of bladder today...	S3155		

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S3155	Continued From page 19 notified Hospice of status change... 02/18/19 - 10:30 - observed on floor in front of recliner by family, reported to staff... 10:35 - on right side... denies new pain... denies injury... no injury noted, assisted to recliner by family member... 10:40 and 10:45 - transferred by licensed nurses and toileted... transferred to bed... spoke with Hospice about safety concerns, will increase Hospice visits to three times weekly to help support a more safe environment by providing extra staff to help meet #189's needs... 02/25/19 - 0730 - observed on floor in front of recliner laying on back... denies injury or pain no injury noted... transferred to wheelchair with assist of two then to bed... 02/25/19 - 1330 - observed on floor beside recliner... denies injury, no injury noted... agrees to attending activity on first floor... 02/25/19 - 1600 - family in... makes changes to arrangement of television to help with entertainment in room... On 02/27/19 at 12:54pm, during interview with Resident Needs Coordinator #A, walkie talkie call for staff to #189's room. Observed #189 on floor in room... meal tray cart and still covered in plastic. Family member arrived at same time due to scheduled transfer to physician appointment. #189 not able to state clearly why on floor... staff asked if hurt and if he/she could move limbs, then assisted into wheelchair for trip to appointment. The NSA/HSP's lacked interventions to address Resident's repetitive, unwitnessed falls. On 02/27/19 at 2:14pm Resident Needs Coordinator #A confirmed no fall prevention plan in writing... thought we could manage with the cast and cognitive decline... got Hospice for extra assistance... initially two visits per week, now	S3155		

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S3155	Continued From page 20 three times per week... has come to point we may have to manage cares in a different environment... For Resident #189, the Operator failed to ensure the licensed nurse provided or coordinately the provision of health care services to address this Resident's identified cognitive impairment, unsteadiness, and risk for falls. Resident #189 was found on the floor on multiple occasions before and after suffering fractures to ankle and to spine, with hospitalization and rehabilitation admissions in between. - Review of record revealed #187 admitted to facility 9/10/18 with diagnoses of heart failure, benign prostatic hypertrophy, high cholesterol, nerve pain, and shortness of breath. Current functional capacity screen (FCS) in medical record dated 9/20/18 assessed #187 independent with bathing, dressing, toileting, transfers, mobility, eating; with cognitive impairments; unable to perform medication and treatment management, with falls/unsteadiness, used a walker. The medical record contained two negotiated service agreements/health service plans (NSA/HSP's). NSA/HSP dated 9/10/18 documented #187 generally independent with bathing, dressing... may need staff assistance due to shortness of breath; independent toileting and mobility to dining room (may need wheelchair if short of breath), used Oxygen, and nightly checks one time a night. NSA/HSP dated 9/25/18 documented staff to remind for meals, put water in Cpap (continuous	S3155		

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S3155	Continued From page 21 positive air pressure) every night, independent with bathing, dressing, toileting, mobility with walker, used Oxygen, staff to administer medications. Progress Notes of Medical Record: 9/10/18 - admitted from hospital... recently had fall at home and incurred laceration to the head... has been declining in ability to care for self... O2 on at all times... will need some assistance with cares and getting to meals and activities... staples in place on posterior scalp... Next entry - 10/14/18 - 1635 - on floor at 1635... states was trying to turn on living room light turned too fast fell to sitting position... noted to be laying on stomach... no injuries... assisted off floor... Next entry - 11/13/18 - 14:40 - sitting on floor back against chair... denies pain... 12/20/18 - 0055 - laying in middle of floor in dining/kitchen area... on left side... with dinner tray beside... was trying to put dinner tray in kitchen and fell... range of motion no problems... left elbow and forearm red... 01/02/19 - 10:00am - on floor lying on back next to bed... no complaint of pain, no bruises... 01/05/19 - 0600 - in the bathroom on the floor... state he/she hit head... bruising to forearm... complained of back pain... sent to hospital for evaluation... Next entry - 01/21/19 - 1700 - returned from hospital... fell at approximately 3:20pm... found sitting on floor in front of chair in bedroom... says he/she slid down front of chair... advised staff to do two hour checks... 01/26/19 - 10:35 - at 0845 observed laying on right side on floor beside bed... stated "I just got here"... no signs or symptoms of pain... 02/01/19 - 11am - sitting next to toilet... no injuries noted, no complaints of pain... assisted up and	S3155		

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S3155	Continued From page 22 onto toilet... advised to use call button for assistance... staff to check every two hours... 02/03/19 - 8:30pm - sitting on bottom in front of recliner, stated slid out of recliner... no complaint of pain or injuries... 02/06/19 -10:30pm - found on floor by bed laying on back... gash to back of head... said was trying to go to bathroom... sent to hospital for evaluation... discussion with family member about behaviors and need for increased care... decided to try new physician and have Hospice evaluate... An additional FCS printed from computer, dated 02/08/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; with short term memory, long term memory, and decision making impairments; incontinent of bladder, unable to perform medication and treatment management; with falls/unsteadiness, used a walker. NSA/HSP dated 02/08/19 in computer, printed on 02/27/19, documented #187 to have verbal reminders and assistance to meals, assistance with getting dressed by two persons due to mobility and behaviors, assistance dressing for bed and getting into bed, assistance with incontinent care and bathing, transfers to and from wheelchair and recliner, nightly checks one time at night, receiving Hospice services and used Oxygen, staff to administer medications. Progress notes of Medical Record: 02/08/19 - 1530 - re-admitted to facility... staples intact/scalp laceration, Oxygen continues... 02/08/19 - 2240 - on floor sitting with back against foot of bed... stated was walking to bathroom and lost balance... re-oriented to call light and to wait for assistance... no injuries...	S3155		

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S3155	Continued From page 23 02/17/19 - 0230 - on floor on right side next to bed... head on pillow but couldn't tell how fell... range of motion checked and denied hitting head... no pain or difficulty... 02/21/19 - staples removed from head... On 02/27/19 at 3:13pm Resident Needs Coordinator #A confirmed no fall prevention plan in writing... we don't know if falls are mechanical or behaviors... fall prevention plan has been a little back and forth... For Resident #187, the Operator failed to ensure the licensed nurse provided or coordinately the provision of health care services to address this Resident's identified cognitive impairment, unsteadiness, and risk for falls. Resident #187 was found on the floor on multiple occasions before and after suffering head lacerations with staples/stitches required, with hospitalization transfers in between. - Review of record revealed #185 admitted to facility 11/11/16 with diagnoses of diabetes, hypertension, atrial fibrillation, sepsis, arteriosclerotic heart disease, history of falls, muscle weakness, osteomyelitis, dysphagia, and Parkinson's. Current functional capacity screen dated 8/07/18 assessed #185 with need of physical assistance for bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management, with memory recall impairment, falls/unsteadiness, used a wheelchair and mechanical sit to stand lift. The current negotiated service agreement (NSA) of 8/07/18 documented therapeutic diet,	S3155		

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S3155	Continued From page 24 independent with eating, selects own clothing, assistance with dressing, undressing, toileting, and getting into wheelchair, use of Sit to Stand lift for transfers, frequent night checks, uses Hospice services, staff to administer all medications. Progress Notes of Medical Record: 10/27/18 - 2200 - Resident on floor in room... laying on left side beside bed... had fallen out of wheelchair onto floor... stated was trying to get into bed... range of motion checked... skin tears to upper arm and elbow... abrasion to knees and forehead... 12/13/18 - 5:00pm - found on floor in room... stated was trying to get out of bed... no injuries noted... no complaint of pain, assisted up into wheelchair... advised to pull call cord for help... 02/20/19 - 1935 - observed on the floor next to bed... has bruising on both hands and right knee... complained of no pain at this time... On 02/27/19 at 10:15am, Resident Needs Coordinator #A confirmed the fall plan for #185 was that he/she needed assistance to transfer and propel wheelchair...nothing else... our bedtime cares don't really start until 6 or 7pm... has mobilized self to room and thinks can be more independent and tries to do for self... nothing on NSA/HSP for falls specifically... For Resident #185, the Operator failed to ensure the licensed nurse provided or coordinately the provision of health care services to address this Resident's identified memory recall impairment, unsteadiness, and risk for falls. Resident #185 was found on the floor on multiple occasions, with skin tears and bruises.	S3155		

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S3175	Continued From page 25	S3175		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The census equalled 45 the sample included three Residents. The Resident Roster identified 12 Residents who self administered medications. Based on observation, interviews, and reviews of record, for one of three sampled identified as self administering medications (#189), the Operator failed to ensure a licensed nurse performed an assessment and determined the Resident could perform the function safely and accurately without staff assistance. Findings included:	S3175		

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S3175	Continued From page 26 - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis, and carotid artery disease. Current 11/30/18 functional capacity screen (FCS) in medical record assessed #189 in need of supervision with bathing and dressing, independent with toileting, transfers, mobility; in need of physical assistance with medication and treatment management; with impaired decision making. The medical record contained two negotiated service agreements (NSA's). Each documented services to address identified needs provided by facility. Physician's admission orders dated 11/28/18 contained "Capable of self-administering medications? - No." A fax sent to pharmacy by facility dated 12/07/18 contained "Send Meds - No... Will do own meds, need POS only." NSA dated 12/07/18 documented "#189 and his/her family will assist in making sure that he/she takes medication daily, they will set up pill reminder and call daily to assure that he/she has taken meds." NSA dated 01/10/19 documented "Facility staff will administer #189's medication as ordered daily and as needed with any PRN (as needed) medication." A medical record Progress Note dated 12/08/18 at 2245 - " #189 arrived at facility at 1250... escorted by family... alert and oriented x 3... verbally responsive... Resident is self	S3175		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3175	Continued From page 27 medicated... Resident complains of low back pain... stated he/she is taking over the counter pain medication for his/her back pain..." A medical record Progress Note dated 12/11/18 - 1045 - "discussed with family that 3189 needs increased assistance with medication administration and that moving forward facility staff will administer medications... care staff will continue to observe and monitor Resident for any additional care needs..." The medical record lacked a self administration assessment. On 02/27/19 at 12:54pm Resident Needs Coordinator #A stated we do not have one of those... December 2018 MAR (medication administration record) documented medications listed, but circled/not given by staff with notations "not available" and "refused"... between 12/08/18 and 12/14/18 (Resident transported to hospital and then to rehabilitation facility, not in facility remainder of December 2018). The Operator failed to ensure a licensed nurse performed an assessment of #189 and determined the Resident could perform the function safely and accurately without staff assistance.	S3175		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The	S3210		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
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S3210	Continued From page 28 licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The census equalled 45 the sample included three Residents. The Resident Roster identified 12 Residents who self administered medications. Based on interviews and reviews of record, for two of three sampled (#187 and #189), the licensed nurse failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order. Findings included: - Review of record revealed #187 admitted to facility 9/10/18 with diagnoses of heart failure, benign prostratic hypertrophy, high cholesterol, nerve pain, and shortness of breath. Current functional capacity screen (FCS) in medical record dated 9/20/18 assessed #187 unable to perform medication and treatment management. An additional FCS printed from computer 02/27/19, dated 02/08/19, also assessed #187	S3210		

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S3210	Continued From page 29 unable to perform medication and treatment management. The medical record contained two negotiated service agreements (NSA's) of 9/10/18 and 9/25/18. Resident Needs Coordinator #B printed a newer NSA from computer dated 02/08/19. Each documented facility to provide medication and treatment management. The medical record contained physician telephone orders not signed within seven days: Order dated 01/21/19 - Tylenol (analgesic) 650mg (milligrams) PO (by mouth) TID (three times daily) PRN (as needed); HCTZ (blood pressure) 12.5mg PO daily; Ultram (pain) 50mg PO daily; Lisinopril (blood pressure) 20mg daily - not signed by physician as of 02/27/19 Order dated 01/21/19 - Amlodipine Besylate (blood pressure) 5mg PO daily; Ipratropium albuterol (bronchodilator) 0.5-2.5 (3) mg/ml (milliliter) take one nebulizer inhalation every six hours PRN shortness of air - not signed by physician as of 02/27/19 Order dated 01/31/19 - Imodium AD (anti diarrhea) 2 tabs after the first loose stool 1 tab after each subsequent loose stool, not to exceed 4 tabs in 24 hours, PO, PRN - not signed by physician as of 02/27/19 POS (physician order sheet) "current orders as of 12/07/18" noted by facility nurse 12/07/18, not signed by physician as of 02/27/19 POS "current orders as of 01/10/19" not signed by physician until 01/29/19. - Review of record revealed #189 admitted to facility 12/08/18 with diagnoses of cognitive dysfunction, hypertension, severe aortic stenosis,	S3210		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
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S3210	Continued From page 30 and carotid artery disease. Current functional capacity screen (FCS) in medical record assessed #189 in need of physical assistance with medication and treatment management. On 02/27/19 at 2:14pm Resident Needs Coordinator #A confirmed #189 in need of physical assistance with medications. The medical record contained two negotiated service agreements (NSA) 12/07/18 and 01/10/19. Each documented medication and treatment management to be provided by facility. The medical record contained physician telephone orders not signed within seven days: Order dated 01/23/19 - DC (discontinue) Lidocaine (topical for pain) patch and Oxycodone ER (narcotic pain medication); Fentanyl (narcotic pain medication) Patch 25mcg/hr (micrograms per hour) topical every 3 days. Rotate sites; Hydrocodone 325/5mg (combination of narcotic and Tylenol for pain) PO 1 tab every 4 hours PRN (as needed) breakthrough pain - not signed by physician as of 02/27/19 Order dated 02/06/19 - DC previous PRN Hydrocodone order - not signed by physician as of 02/27/19 POS (physician order sheet) "current orders as of 01/16/19" noted by facility nurse 01/16/19, not signed by physician as of 02/27/19 POS (physician order sheet) "current orders as of 01/17/19" noted by facility nurse 01/17/19, not signed by physician as of 02/27/19 Review of MAR (medication administration record) revealed multiple changes implemented from these POS's, but medical record lacked documentation of the origin of these changes.	S3210		

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S3210	Continued From page 31 Request from Hospice on 02/26/19 for current order information. Fax titled "Hospice Clarification of medication orders and reconciliation" arrived at 4:00pm on 02/26/19. This form reflected medication changes of MAR. This form with Hospice nurse and hospice physician electronic signatures dated 2/06/19. On 02/27/19 at 10:15am Resident Needs Coordinator #A confirmed current signed orders to match current February MAR being used for administration not signed within seven days or not in the medical record within seven days when obtained by an outside provider. The licensed nurse failed to ensure all verbal orders for #189 and #187, were signed by the medical care provider within seven working days of receipt of the verbal order.	S3210		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 32 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 45 the sample included three Residents. The Resident roster identified 33 Residents with facility managed medications. Based on observation and interview, for all Residents with facility managed medications, the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - By observation on 02/25/19 at 2:20pm, in review of the medication room and medication cart with LPN #F, the following noted to lack the first and last name of each Resident: Bottle of Tylenol 500mg (milligrams) tablets with no first or last name "house stock" Two boxes of Miralax (laxative) packets with no first or last name Bottle of Vitamin D3 (supplement) 5000 units "house stock" Bottle of Senna Lax (laxative) tablets 8.6mg "house stock" Jar of Eucerin skin cream with no first or last name Bottle of Naproxen 220mg "house stock" Bag of Halls defense cough drops "house stock"	S3211		

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S3211	Continued From page 33 Box of two tubes of Denture adhesive cream no first or last name Punch card of Odansetron (anti-emetic) 4mg tablets "house Stock" Punch card with large pink, blue, and white round tablets (suspected to be antacid), identification label torn from the card LPN #F confirmed the above items lacked the first and last name of a Resident as required... confirmed the "stock medications" used for anyone who needed the medication and not specific to one individual... stated I just started working in this building... The Operator failed to ensure for all Residents with facility managed medications, the licensed nurse or licensed pharmacist placed the first and last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store	S3215		

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S3215	Continued From page 34 controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The census equalled 45 the sample included three Residents. The Resident roster identified 33 Residents with facility managed medications. Based on observation and interview, for three non-sampled (#178, #172, #170) with facility medication management, and any Resident who used medications identified as facility stock, licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		

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S3215	Continued From page 35 Findings included: - By observation on 02/25/19 at 2:20pm, in review of facility medication room and cart with LPN (licensed practical nurse) #F, in the medication room, the following noted in use: Vial of TB (tuberculosis) testing solution in the refrigerator with notation "opened 10/08/18." By review, the package of this solution with printed note to discard 30 days after the vial opened. #178 - Lantus insulin pen - lacked the date this insulin pen opened or put into use; manufacturer recommendation to discard pen 28 days after opened #172 - Deep Sea nasal spray - expired 01/2019 #170 - Glucosamine 1500mg (milligrams) plus MSM 1500mg (joint supplement) - expired 01/2018 Stock punch card of Odansetron (antiemetic) 4mg tablet - expired 9/09/2017 On 02/25/19 at 2:20pm, LPN #F confirmed these medications expired and not stored in accordance with manufacturer's recommendations... stated I just recently started working here... For Residents with facility managed medications, licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		

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S3280	Continued From page 36	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The census equalled 45 the sample included three Residents. The facility identified 53 employees hired since the last Resurvey. Based on interview and review of records, the Operator: Failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees; and, Failed to ensure an emergency drill conducted at least annually with staff and Residents that included evacuation of the Residents to a secure location.	S3280		

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S3280	Continued From page 37 Findings included: - On 02/25/19 during the entrance conference Surveyor requested quarterly disaster plan reviews and annual evacuation drills. On 02/27/19 at 11:40am Operator (Director/licensed practical nurse) #P provided the dates of the last two full evacuation drills: 10/29/16 and 9/08/17. Operator #P provided dates of reviews of emergency plan with Residents: 02/06/18 05/14/18 09/18/18 12/06/18 01/15/19 - On 02/27/19 at 1:18pm, Operator #P provided dates of reviews of emergency plan with employees: 3/05/18 5/23/18 02/20/19 - Operator #P stated we do fire drills almost every month... confirmed the evacuation drills not completed annually... confirmed the emergency plan reviews not completed quarterly as required. - For all Residents and employees, the Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents, and failed to ensure annual evacuation drills completed.	S3280		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living	S3290		

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S3290	Continued From page 38 facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietitian shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(b)(2) The census equalled 45 and the sample included three Residents. All Residents received meal service. Based on interviews and reviews of records, for one of three sampled with a therapeutic diet order (#185) and for non-sampled Resident with therapeutic diets ordered (#170), the Operator failed to ensure physician ordered therapeutic diets prepared	S3290		

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S3290	Continued From page 39 according to instructions from a medical care provider or licensed dietician. Findings included: - Review of record revealed #185 admitted to facility 11/11/16 with diagnoses of diabetes, hypertension, atrial fibrillation, sepsis, arteriosclerotic heart disease, history of falls, muscle weakness, osteomyelitis, dysphagia, and Parkinson's. The current 8/07/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management; with memory recall impairment, and used a mechanical lift and wheelchair. The current 8/07/18 NSA/HSP (negotiated service agreement/health service plan) documented #185 "on a regular diet... due to swallowing difficulties takes medications crushed in applesauce and liquids are nectar thick..." The medical record contained a 11/08/19 physician's order "Mechanical Soft with thickened liquids." The medical record contained a 9/13/19 physician's order "Mechanical Soft with Nectar thick liquids." On 02/25/19 at 3:40pm in facility kitchen, Kitchen Manager #G stated we have some specialty (therapeutic diets)... we have two pureed and a few mechanical soft diets... we do not have written preparation directions... I have already looked for them... I have been here about four to six weeks... although no written directions on how	S3290			

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NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II			STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S3290	Continued From page 40 to prepare I do have prior training in preparation..." On 02/27/19 requested a list of all therapeutic diets in facility. On 3/01/19 at 9:04am received a list of therapeutic diets from Operator (Director/licensed practical nurse) #P: #185 - Nectar thick liquids and Mechanical Soft #180 - Pureed By review of sampled Resident #187's NSA, documented #187 to receive a "Low fat/cholesterol 2 gram NA (sodium) diet." The Operator failed to ensure physician ordered therapeutic (pureed) diet prepared according to instructions from a medical care provider or licensed dietician.	S3290			
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310			

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3310	Continued From page 41 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 45 the sample included three Residents. The facility identified 53 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records for three of three sampled (#189, #187, and #185), and for five of five employees reviewed (#J, #K, #L, #M, and #N), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 02/25/19 at 5:30pm with Operator (Director) #B revealed the following: #189 - admitted 12/08/18 - the record lacked TB two step skin testing completed within seven days of admission; the record lacked TB symptom screen completed within seven days of admission #187 - admitted 9/10/18 - the record lacked TB two step skin testing completed within seven days of admission #185 - admitted 11/11/16 - the record lacked an annual TB symptom screen completed since 3/22/17 #J - certified nurse aide - hired 01/28/19 - the employee file lacked a TB symptom screen; the employee file lacked TB two step skin testing (Operator #B stated this employee terminated	S3310		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3310	Continued From page 42 02/17/19, did not work on the floor) #K - certified medication aide - hired 12/20/18 - the employee file lacked a TB symptom screen; the employee file contained TB skin tests not completed within seven days of hire (01/22/19 and 02/09/19) #L - licensed practical nurse - hired 10/05/18 - the employee file lacked an annual TB symptom screen with the last one completed 02/19/18 (Operator #B stated employee hired prior to October 2018 as certified staff, and hired in 10/05/18 as a licensed nurse) #M - certified nurse aide - hired 8/03/18 - the employee file lacked TB two step skin testing #N - certified nurse aide - hired 12/24/18 - the employee file lacked a TB symptom screen; the employee file contained TB skin tests not completed within seven days of hire (01/22/19 and 02/09/19) On 02/27/19 at 10:15am Resident Needs Coordinator #B confirmed the Resident records lacked the TB items listed above. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for #189, #187, #185, and for employees #J, #K, #L, #M, #N.	S3310		